

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011011

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1169

STATE FILE NUMBER

FILED MAR 19 1962

1. PLACE OF DEATH
a. COUNTY Jacksonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in lb
3 Daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 316 East 70th StreetInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE California b. COUNTY Alamedac. CITY OR TOWN San Leandro Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1030 Cecelia Court Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Marie

Middle

Last Hansen

4. DATE OF DEATH

Month February

Day 25,

Year 1962

5. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
4-24-18819. AGE (last birthday)
80IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Home11. BIRTHPLACE (City and state or country)
Norway12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Nikolai Berg

13b. MOTHER'S MAIDEN NAME

Ingeborg-Anna Olsen

14. NAME OF HUSBAND OR WIFE

Harvey E. Hansen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address 316 E. 70th St.
Mrs. Arthur G. Lauenberg, Kansas City, Mo.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL OR CREMATION, REMOVAL (Specify)
Cremation23b. DATE
March 1, 196223c. NAME OF CEMETERY OR CREMATORY
Elmwood Crematory23d. LOCATION (City, town, or county)
Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Freeman Mortuary, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

2-27-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

HUGH H. OWENS MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clayton H. Barnes

Licensed Embalmer No. 4793

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.